

H. MEDICAL PROGRAM SUMMARY

Purpose: This section describes the eligibility requirements for the various medical programs and coverage administered by the department. The programs or coverage groups include:

Medical Assistance Administration (MAA) provides a wide range of medical services based upon a client's circumstances and needs. Not all eligibility groups receive the same range of services. The differences in coverages are displayed in the **SCOPE OF CARE** category of this manual.

The following programs are described briefly in this summary:

- Medicaid - Categorically Needy (CN) Coverage
- Medicaid - Medically Needy (MN) Coverage
- State-Funded Cash Assistance - Medical
- Children's Medical Program
- Pregnant Women Program
- Medical Care Services (MCS)
- Alien Emergency Medical Program
- Medically Indigent (MI)

Coverage or medical benefits are broadest under the Medicaid - Categorically Needy (CN) program and most restricted under the Medically Indigent (MI) program. "Medicaid" is the federal name for the state and federal funded medical benefit program.

The department considers a client's application for the broadest coverage first and then considers programs in order down to the narrowest of coverage. Most often this meets the program's intent of considering federally-funded programs before state-funded programs. However, there are instances where a client can receive state-funded coverage for brief periods to obtain certain services and be reverted back to the federally-funded program after the special coverage need has been met.

WAC 388-503-0505 General eligibility requirements for medical programs.

- (1) Persons applying for benefits under the medical coverage programs established under chapter 74.09 RCW must meet the eligibility criteria established by the department in chapters 388-400 through 388-555 WAC.

- (2) Persons applying for medical coverage are considered first for federally funded or federally matched programs. State-funded programs are considered after federally funded programs are not available to the client except for brief periods when the state-funded programs offer a broad scope of care which meet a specific client need.
- (3) Unless otherwise specified in program specific WAC, the eligibility criteria for each medical program are as follows:
 - (a) Verifiable of age and identity (chapters 388-404, 388-406, and 388-490 WAC); and
 - (b) Residence in Washington state (chapter 388-468 WAC); and
 - (c) Citizenship or immigration status in the United States (chapter 388-424 WAC); and
 - (d) Possession of a valid Social Security Account Number (chapter 388-474 WAC); and
 - (e) Assignment of medical support rights to the state of Washington (WAC 388-505-0540); and
 - (f) Cooperation in securing medical support (chapter 388-422 WAC); and
 - (g) Countable resources which are within program limits (chapters 388-470 and 388-478 WAC); and
 - (h) Countable income which are within program limits (chapters 388-450 and 388-478 WAC).
- (4) In addition to the general eligibility requirements in subsection (3) of this section, each program has specific eligibility requirements as described in applicable WAC.
- (5) Persons living in correctional institutions are not eligible for the department's medical coverage programs.

- (6) Persons terminated from SSI or TANF cash grants and those who lose eligibility for categorically needy (CN) medical coverage have their CN coverage extended while their eligibility for other medical programs is redetermined. This extension of medical coverage is described in chapter 388-434 WAC.

MEDICAID - CATEGORICALLY NEEDY MEDICAL COVERAGE (CN): The CN medical programs are funded with federal-state matched Medicaid (or Title XIX) dollars. They are called Categorically Needy (CN) because their needs fall into certain program categories created by federal or state law. Those categories are:

1. Aged, Blind or Disabled persons who are eligible for CN if they are eligible for or relatable to the Supplemental Security Income program in the following ways:
 - a. Receiving an SSI Grant
 - b. Eligible for an SSI Grant but not receiving the cash
 - c. Not eligible for an SSI Grant but eligible for "SSI-related" medical coverage based on the medical-only program criteria in chapter 388-511 WAC.
2. Persons eligible for or relatable to Temporary Assistance to Needy Families (TANF) or for State Financial Assistance (SFA) are eligible for CN medical coverage as follows:
 - a. Receiving TANF or SFA benefits
 - b. Eligible for TANF or SFA benefits but choosing not to receive a cash grant
 - c. Not eligible for a TANF or SFA grant but eligible for "TANF-related" medical-only coverage as described in those portions of the manual.
3. Persons receiving Refugee Program benefits as described in **REFUGEE PROGRAMS**.

These are the programs that provide the broadest scope of medical coverage. They are intended to cover all of a client's services which are "Medically Necessary." The coverage is discussed in detail in **SCOPE OF CARE**.

WAC 388-503-0510 How a client is determined "related to" a categorical program.

- (1) A person is related to the Supplemental Security Income (SSI) program if they are:
 - (a) Aged, blind, or disabled as defined in WAC 388-511-1105(1); or
 - (b) Considered as eligible for SSI under WAC 388-511-1105(5); or
 - (c) Children meeting the requirements of WAC 388-505-0210(6).
- (2) A person or family is considered to be related to the temporary assistance for needy families (TANF) program or the state-funded assistance (SFA) program if they meet:
 - (a) The program requirements for the TANF or the SFA cash assistance programs or the requirements of WAC 388-505-0220, 388-505-0210(3) or (4), or 388-503-0310(17)(b); or
 - (b) Would meet such requirements except that:
 - (i) The assistance unit's countable income exceeds the TANF or the SFA program standards in chapter 388-478 WAC; or
 - (ii) The assistance unit's countable resources exceed the cash program standards in chapter 388-470 WAC.
- (3) Persons related to SSI or to TANF are eligible for categorically needy (CN) or medically needy (MN) medical coverage if they meet the other eligibility criteria for these medical programs. See chapters 388-505 and 388-519 WAC for these eligibility criteria.
- (4) Persons related to SSI or to TANF and who receive the related CN medical coverage have redetermination rights as described in WAC 388-503-0505(6).
- (5) Persons related to SFA are eligible for state-funded medical coverage as long as they meet the other eligibility criteria for the medical program. The state-funded medical coverage has the same scope of coverage as CN or MN coverage

described in subsection (3) of this section.

CN COVERAGE FOR PERSONS ELIGIBLE FOR OR RECEIVING CASH ASSISTANCE

WAC 388-503-0515 Medical coverage resulting from a cash grant.

- (1) Families or individuals eligible for SSI, SSI state supplement or TANF cash grants are automatically eligible for categorically needy (CN) medical coverage. These clients receive medical coverage benefits without making a separate application. Certification for CN medical coverage parallels that for the cash benefits.
- (2) Upon termination of cash benefits as described in subsection (1) of this section, medical coverage continues until the client's eligibility for other medical coverage can be completed. Continuing medical coverage is terminated if the client does not cooperate with the eligibility re-determination process.
- (3) Families or individuals eligible for or related to state financial assistance (SFA) cash grants are eligible for state-funded medical coverage. For this program, the term "related-to" is defined parallel to WAC 388-503-0510(2). The scope of medical coverage parallels that for the federally funded CN program.

NOTE: Medical coverage associated with the General Assistance and ADATSA programs is discussed later in this summary.

• CN COVERAGE FOR PERSONS NOT ELIGIBLE FOR CASH ASSISTANCE

Families or individuals who are not eligible for either TANF or SSI cash may still be eligible for CN medical-only coverage. There are CN medical programs based on the Federal Poverty Level which are discussed later in this category. In addition, these families or individuals can be "related" to the categorical programs as provided under WAC 388-503-0510 and they may be considered for Medically Needy (MN) coverage. For more information see **ADULT MEDICAL** and **FAMILY MEDICAL**.

• AGED, BLIND OR DISABLED PERSONS

Primarily, this category applies to persons eligible for or receiving Supplemental Security

Income (SSI) as administered by the Social Security Administration. However, persons who Aged, Blind or Disabled and not eligible for SSI may be eligible for CN or MN coverage as "related" individuals under WAC 388-503-0510.

In addition, some persons who are Aged or Disabled may be receiving benefits from Medicare and be eligible for one of the department's state-funded medical care programs.

In addition to the programs listed on page one, there are **MEDICARE COST-SHARING PROGRAMS** which may benefit clients who are Aged or Disabled.

Programs for persons under these categories are discussed in detail in the **ADULT MEDICAL, SCOPE OF CARE** and the **MEDICARE** portions of this manual.

- **CHILDREN's CN MEDICAL**

Medical-only programs for children and options other than CN coverage are discussed in detail in **FAMILY MEDICAL**.

The various types of coverage provided under the children's programs are discussed in **SCOPE OF CARE**. In addition, special coverage available for children is discussed in **HEALTHY KIDS**.

Regarding eligibility determination, special attention may need to be paid to children with separate income or resources. This subject is discussed in **MEDICAL ASSISTANCE UNITS - SNEEDE/KIZER**.

- **CN COVERAGE IN SPECIAL SITUATIONS:**

Some clients who are not eligible for cash benefits may be eligible for medical coverage. These groups include:

1. Teen parents who are not in an approved living situation and/or are not meeting school requirements
2. Persons who have reached the 60-month TANF cash benefit limit
3. Families not eligible for TANF because they do not meet the work quarter requirements
4. Persons who are not cooperating with WorkFirst activities

5. Fleeing felons
6. Persons moving from state to state (state hopping)
7. Persons convicted of welfare fraud

- **PREGNANT WOMEN**

CN medical coverage includes a full scope of coverage for pregnant women. This is discussed in **SCOPE OF CARE**. The programs are detailed in **FAMILY MEDICAL** and **PREGNANCY**.

Women who are pregnant and who have low income usually are eligible for the CN program because the regular limits on available resources is waived under these conditions. In addition, income limits are higher (185 percent of the Federal Poverty Level - FPL). This program has no deprivation requirements and the pregnant woman can be eligible at any time during her pregnancy. Once eligible, the woman continues to be eligible throughout the pregnancy regardless of changes in income and household composition.

When a woman is pregnant and not eligible for cash assistance, the medical programs are able to consider the unborn child or children in determining the size of the woman's family. Unlike cash assistance programs, the medical program considers the unborn child or children as if they are born and living with the mother. This is discussed in detail in the **PREGNANCY** portion of this manual.

If a pregnant woman is not eligible for CN coverage, she is considered for the Medically Needy program which is discussed on the following pages. Medically Needy coverage may involve **SPENDDOWN**.

If a pregnant woman is not eligible for CN or MN coverage, she is considered for the General Assistance - S program discussed later in this summary.

REFUGEES: The Refugee Program, which is 100% federally funded, provides coverage for persons who have been granted asylum in the U.S. as a refugee or asylee may receive cash benefits for a maximum of eight months. These persons automatically receive (CN) Categorically Needy medical coverage. Refugee families and single refugees are eligible for these cash and medical benefits.

Refugees/asylees who have income and/or resources above the limits for cash grants may be eligible for MN (Medically Needy). This program is detailed in the **REFUGEE** category.

Refugees and asylees who have been in the U.S. for more than eight months are determined eligible for medical benefits in the same manner as for U.S. citizens.

ALIENS: There are medical programs which provide benefits for persons who are non-citizens (aliens). These programs are discussed in detail in the **CITIZENSHIP/ALIEN STATUS, EMERGENCY ASSISTANCE, ADULT MEDICAL, PREGNANCY** and **FAMILY MEDICAL**. State-funded coverage may be available to the following aliens even if the alien does not qualify for CN or MN coverage due to citizenship/alien status:

- Aliens not lawfully admitted for permanent residence in the United States; and
- Aliens not qualified as Persons Residing Under Color of Law (PRUCOL).

The following groups of aliens should be able to obtain state-funded benefits:

- Children who are not eligible for CN or MN coverage still may receive full scope medical benefits under the Children's Health program.
- Pregnant women may be ineligible for CN or MN coverage but still may receive full scope medical benefits under the state-funded program.
- Other adults who have emergency medical needs and who are categorically related to a Medicaid program (e.g., a parent with dependent child or a disabled person) can receive medical benefits for the emergency condition only.
- Other aliens not meeting any of the conditions above may be eligible for MI (Medically Indigent) if they meet the program requirements found in **EMERGENCY ASSISTANCE**.

MEDICALLY NEEDY MEDICAL COVERAGE (MN): The MN medical programs are funded with federal-state matched Medicaid dollars. They were established to provide medical coverage for those individuals whose income exceeded the more limited income standards required to qualify for CN coverage.

The program applies to persons who are Aged, Blind, Disabled, Refugees, Pregnant or

Children.

The applicant for Medically Needy coverage may:

1. Meet all other program requirements except their income falls between the income limits for CN coverage and the Medically Needy Income Level (MNIL). These persons are eligible for MN coverage for up to six months at a time with no Spenddown.
2. Meet all program requirements except for their income. In this case, the applicant's income exceeds the MNIL. They may "become" eligible through the process of SPENDDOWN. See **SPENDDOWN** for more information.

The following are examples of persons who could be eligible for MN coverage:

1. Pregnant women not eligible for CN coverage because their income is above 185 percent of the Federal Poverty Level (FPL).
2. Children not eligible for CN coverage because their income is above 200 percent of FPL.

See the **SCOPE OF CARE** for information about the differences in coverage between CN and MN.

CHILDREN'S HEALTH PROGRAM: The Children's Health program is the state-funded program for children under age 18 who are not eligible for Medicaid (Categorically Needy or Medically Needy).

The Children's Health program has no resource limits. This program's income limit is based on 100 percent of the Federal Poverty Level (FPL). Because it has no relationship to the TANF program, living with a relative, deprivation and citizenship are not eligibility requirements for the Children's Health program. For more detailed information, see **FAMILY MEDICAL**.

Medical coverage is the same as for CN (Categorically Needy) and is detailed in **SCOPE OF CARE**.

GENERAL ASSISTANCE (GA) WITH CN Medical Coverage

General Assistance For Children Living With Legal Guardians: The GA-H program

provides state funded cash benefits and federally funded medical benefits for children. The child receives CN medical coverage under what was once called the "H-Medical" program. This is an instance where cash benefits and medical coverage are unrelated. As with any CN medical coverage, the child receives full scope medical coverage.

General Assistance For Pregnant Women: The GA-S program provides cash benefits to qualifying pregnant women. In addition, GA-S provides CN medical coverage to those who are eligible (i.e., those who receive cash and to those who do not). These pregnant women are not TANF eligible or TANF related because they do not meet all of the categorical requirements (e.g., cannot meet the deprivation requirement for TANF, cannot meet the requirement that the woman be in her third trimester of pregnancy for ____, etc/). As with any CN medical coverage, eligible women receive full scope medical coverage.

General Assistance - Expedited Medicaid Disability: The GA-X program provides state-funded cash benefits to persons who have a disability decision pending with SSA. Eligible persons receive CN medical coverage parallel to that provided to SSI recipients. Again, this is full scope medical coverage.

GENERAL ASSISTANCE (GA) AND MEDICAL CARE SERVICES: GA is a state-funded cash benefit program with state-funded medical coverage. GA cash benefits under the following programs qualify an individual or family for the state's Medical Care Services (MCS) program.

GENERAL ASSISTANCE - UNEMPLOYABLE: The GA-U program provides cash benefits to persons who are physically and/or mentally incapacitated and unemployable for more than 90 days. This program differs from GA-X in that no disability application is pending with the Social Security Administration. Eligible persons receive limited medical care coverage under the state-funded Medical Care Services (MCS) program.

GA-U IMMIGRANTS: Immigrants determined to meet eligibility requirements for GA-U are eligible for state-funded medical coverage under MCS.

ADATSA: The ADATSA program provides cash benefits, treatment, and support for a person incapacitated from gainful employment due to alcoholism or drug addiction. Eligible persons receive limited medical coverage under MCS (Medical Care Services). A medical only ADATSA program exists for persons waiting to get into treatment.

MEDICALLY INDIGENT (MI): MI is the state-funded program for persons not eligible for any other medical program and who have an emergency medical condition. The medical

condition must require hospital services in order to qualify the applicant for MI.

The MI program is described in detail in **EMERGENCY ASSISTANCE**.

The MI covers only emergency transportation services, hospital, and related physician services in a hospital.